

L-9

United Steelworkers of America

AFL-CIO

FIVE GATEWAY CENTER, PITTSBURGH, PA. 15222

September 30, 1982

Mr. Tom Hall
Division of Consumer Affairs
OSHA, Room N3635
U. S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D. C. 20210

Re: Docket No. H-022

Dear Tom:

I have just received one of the post-hearing submissions that we had intended to submit following the Houston hearing. It took awhile for the company to respond to our request and for the information to be sent to Pittsburgh.

The attachment is the Injury and Illness Log and/or Summary for 1978, 1979 and 1980 for the Reed Rock Bit Plant where the employees were exposed to trichloroethylene. As you will note, no illnesses for TCE exposure were recorded until 1980, after OSHA had inspected and cited the plant for TCE exposure.

This lack of reporting existed even though prior to 1980 employees had been sent to the hospital and treated for illnesses that should have been, but were not, considered related to their TCE exposure. If necessary, we can supply additional statements to verify this. As they testified, the Local Union had been working since 1975 to reduce exposures to TCE.

Sincerely,



Mary-Win O'Brien
Assistant General Counsel

MWO:lmb

Att.

U.S. Department of Labor

For Calendar Year 19 79

Page 1 of 1

Company Name <u>BRO/Reed - La. 2nd Marine</u>	Form Approved O.M.B. No. 44R 1453
Establishment Name <u>1st Marine Division</u>	
Establishment Address <u>6501 Highway 100, Houston, Texas 77061</u>	

Extent of and Outcome of INJURY Type, Extent of, and Outcome of ILLNESS

Fatalities		Nonfatal Injuries					Type of Illness							Fatalities		Nonfatal Illnesses				
Injury Related	Injuries With Lost Workdays					Injuries Without Lost Workdays	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays				Illnesses Without Lost Workdays	
	Enter DATE of death.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.		Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses		Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.		Enter number of DAYS of restricted work activity.
Mo./day/yr.	(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)	
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U.S. Department of Labor

For Calendar Year 19 79

Page 2 of 2

Company Name <u>BKO/Reed Inland Company</u>		Form Approved O.M.B. No. 44R 1453
Establishment Name <u>Reed Inland Company</u>		
Establishment Address <u>6531 Navigation Highway, Everett 98001</u>		

Extent of and Outcome of INJURY						Type, Extent of, and Outcome of ILLNESS																
Nonfatal Injuries						Nonfatal Illnesses																
Injuries With Lost Workdays						Illnesses With Lost Workdays																
Injury Related	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both	Enter a CHECK if injury in- volves days away from work.	Enter num- ber of DAYS away from work.	Enter num- ber of DAYS of restricted work activ- ity.	Enter a CHECK if no entry was made in col- umns 1 or 2 but the injury is recordable as defined above.	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Enter DATE of death.				Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness in- volves days away from work.	Enter num- ber of DAYS away from work.	Enter num- ber of DAYS of restricted work activ- ity.	Enter a CHECK if no entry was made in col- umns 8 or 9
(1)	(2)	(3)	(4)	(5)	(6)	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic ef- fects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupa- tional illnesses	(8)	(9)	(10)	(11)	(12)	(13)				
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Form Approved
O.M.B. No. 44R 1453

Company Name BKO/Reed Inc. Company
Establishment Name Reed Inc. Company
Establishment Address 6501 Navigation Houston Texas 77001

Extent of and Outcome of INJURY

Type, Extent of, and Outcome of ILLNESS

Fatalities						Nonfatal Injuries						Type of Illness							Fatalities						Nonfatal Illnesses					
Injury Related						Injuries With Lost Workdays						CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related						Illnesses With Lost Workdays					
Enter DATE of death.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.								Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.												
(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)												
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Certification of Annual Summary Totals By _____

Title _____

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Company Name BKO/Reed Tool Company
 Establishment Name Reed Tool Company
 Establishment Address 6501 Navigation
Huntington Beach 92704

Form Approved
 O.M.B. No. 44R 1453

Extent and Outcome of INJURY

Type, Extent of, and Outcome of ILLNESS

Nonfatal Injuries						Type, Extent of, and Outcome of ILLNESS											Fatalities	Nonfatal Illnesses					
Injuries With Lost Workdays						CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)											Illness Related	Illnesses With Lost Workdays					Illnesses Without Lost Workdays
Enter DATE of death	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is reportable as defined above.	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.					
(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)					
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For Calendar Year 19 22

Page 5 of 5

Form Approved
O.M.B. No. 44R 1453

Company Name BKQ/Reed-Town Company
Establishment Name Reed-Town Company
Establishment Address 6501 Navigation Boulevard, Jones 77031

Extent of and Outcome of INJURY

Type, Extent of, and Outcome of ILLNESS

Nonfatal Injuries						Nonfatal Illnesses															
Injuries With Lost Workdays						Illnesses With Lost Workdays															
Injury Related	Enter DATE of death.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Injuries Without Lost Workdays	Type of Illness							Illness Related	Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Illnesses Without Lost Workdays	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)		
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Date _____

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or Calendar Year 19 79

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Company Name BKO/Reed Trawl Company

Establishment Name Reed Trawl Company

Establishment Address 6501 Navigation Boulevard, Jacksonville, Florida 32201

Form A-1, OSHA
O.M.B. No. 141-1453

Extent of and Outcome of INJURY

Type, Extent of, and Outcome of ILLNESS

Nonfatal Injuries						Type of Illness							Nonfatal Illnesses					
Injuries With Lost Workdays						CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illnesses With Lost Workdays					
Fatalities	Injuries Without Lost Workdays					CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Fatalities	Illnesses Without Lost Workdays				
Enter DATE of death.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust disease of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	IC disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the illness is recordable as defined above.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
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Certification of Annual Summary Totals By _____ Title _____ Date _____

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

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Company Name <u>BKO/Reed Industrial Company</u>	Form Approved O.M.B. No. 44R 1453
Establishment Name <u>Reed Industrial Company</u>	
Establishment Address <u>2541 W. 10th Street, Minneapolis, MN 55401</u>	

Content of and Outcome of INJURY						Type, Extent of, and Outcome of ILLNESS													
Nonfatal Injuries						Type of Illness							Fatalities	Nonfatal Illnesses					
Injury Date	Injuries With Lost Workdays				Injuries Without Lost Workdays	CHECK: Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays				Illnesses Without Lost Workdays	
Enter DATE of death.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	(1) Occupational Injuries	(2) Diseases of the lungs	(3) Respiratory conditions due to toxic agents	(4) Poisoning (systemic effects of toxic materials)	(5) Disorders due to physical agents	(6) Disorders associated with repeated trauma	(7) All other occupational illnesses	Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.	
Mo./day/yr.	(7)	(8)	(9)	(10)	(11)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	Mo./day/yr.	(8)	(9)	(10)	(11)	(12)	(13)
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Certification of Annual Summary Totals By _____ Title _____ Date _____

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Company Name <u>BKO Reed Tool Company</u>		Form Approved O.M.B. No. 44R 1453
Establishment Name <u>BKO Reed Tool Company</u>		
Establishment Address <u>6501 Navigation Houston Texas 77001</u>		

Extent and Outcome of INJURY						Type, Extent of, and Outcome of ILLNESS													
Nonfatal Injuries						Type of Illness							Fatalities	Nonfatal Illnesses					
Injury Related:						CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays					Illnesses Without Lost Workdays
Enter DATE of death	Enter a CHECK if injury involves days away from work.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above	Enter a CHECK if no entry was made in columns 8 or 9.	Enter DATE of death	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.	Enter DATE of death	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
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Certification of Annual Summary Totals By _____ Title _____ Date _____

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POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

For Calendar Year 19 77Page 11 of 11Company Name Rockwell International Corp.Establishment Name Rockwell International Corp.Establishment Address 6501 S. Washington Blvd., Suite 100, Dallas, TX 75201Form Approved
O.M.B. No. 44R 1453

Type, Extent of, and Outcome of INJURY

Type, Extent of, and Outcome of ILLNESS

Nonfatal Injuries						Type of Illness							Fatalities	Nonfatal Illnesses				
Injuries With Lost Workdays						CHECK Only One Column for Each Illness (See other side of form for terminations or permanent disorders.)							Illness Related	Illnesses With Lost Workdays				
DATE of death.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust or irritants of the lungs	Respiratory conditions due to toxic agents	Poisoning Systemic effects of toxic materials	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.
(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
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Certification of Annual Summary Totals By _____

Title _____

Date _____

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Employer Name <u>BKQ/Reed Coal Company</u>	Form Approved O.M.B. No. 4411453
Establishment Name <u>Reed Coal Co.</u>	
Establishment Address <u>1501 Ferguson Blvd. Huntington, W. Va. 25701</u>	

Report of and Outcome of INJURY						Type, Extent of, and Outcome of ILLNESS											
Nonfatal Injuries						Nonfatal Illnesses											
Injuries With Lost Workdays						Injuries Without Lost Workdays											
DATE of death.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. (6)	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)											
Mo./day/yr.	(2)	(3)	(4)	(5)	(6)	Occupational skin disorders or disorders of chest or lungs (a)	Respiratory conditions due to toxic agents (b)	Poisoning (systemic effects of toxic materials) (c)	Disorders due to physical agents (d)	Disorders associated with repeated trauma (e)	All other occupational illnesses (f)	Enter DATE of death. (8)	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Enter a CHECK if no entry was made in columns 8 or 9. (13)
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For Calendar Year 19 77Page 13 of 13Form Approved
OMB No. 448-1453

Employer Name BRK Reed Lumber Company
 Establishment Name Reed Lumber Company
 Establishment Address 1501 Dwight St., New York, N.Y. 10011

Type, Extent of, and Outcome of INJURY						Type, Extent of, and Outcome of ILLNESS													
Nonfatal Injuries						Type of Illness							Fatalities	Nonfatal Illnesses					
Injuries With Lost Workdays					Injuries Without Lost Workdays	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays					Illnesses Without Lost Workdays
DATE	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Asbestosis (systemic effects of toxic materials)	Cancers due to physical agents	Cancers associated with repeated trauma	All other occupational illnesses	Enter DATE of death.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		
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Classification of Annual Summary Totals By: _____ Title _____ Date _____

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For Calendar Year 19 79Page 14 of 14Form Approved
O.M.B. No. 41R 1453Company Name BKO/Reed, Inc. CompanyEstablishment Name Reed, Inc. CompanyEstablishment Address 6501 Navigation Houston Texas 77051

Extent of and Outcome of INJURY

Type, Extent of, and Outcome of ILLNESS

Nonfatal Injuries						Type of Illness							Nonfatal Illnesses					
Injuries With Lost Workdays						CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illnesses With Lost Workdays					
Injury Related	Enter DATE of death	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above	Occupational skin diseases or disorders	Dust disease of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Illness Related	Enter DATE of death	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both	Enter number of DAYS away from work	Enter number of DAYS of restricted work activity	Enter a CHECK if no entry was made in columns 8 or 9
(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
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		✓	39		✓													
		✓	2		✓													
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Certification of Annual Summary Totals By _____

Title _____

Date _____

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any Name		Page 1 of 1
Official Name		Form Approved
Official Address		O M B. No. 4411453
Type, Extent of, and Outcome of Injury		

[illegible]

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Company Name BKO/Reed Tail Company Form Approved
 Street Name Reed Tail Company O.M.B. No. 44R 1453
 Address 6501 9th Avenue, Houston, Texas 77001

Nonfatal Injuries						Type of Illness										Fatalities	Nonfatal Illnesses					
Injuries With Lost Workdays						CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)										Illness Related	Illnesses With Lost Workdays					Illnesses Without Lost Workdays
DATE	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. (6)	Circulatory system	Respiratory system	Digestive system	Genitourinary system	Neurological system	Musculoskeletal system	Psychiatric	Other	Enter DATE of death. (8)	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Enter a CHECK if no entry was made in columns 8 or 9. (13)			
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	✓		10		✓																	
	✓		10		✓																	
	✓		1		✓																	
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	✓		2		✓																	
	✓		1		✓																	
	6	7	1		8																	

Signature of Annual Summary Totals By _____ Title _____ Date _____

Employer Name BKO/Reed Tools Company Form Approved
Employer Address Reed Tools Company O.M.B. No. 44R 1453
City and State 6501 Navigation Houston, Texas 77001

Nonfatal Injuries					Type of Illness							Fatalities	Nonfatal Illnesses					
Injuries With Lost Workdays					Injuries Without Lost Workdays	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent conditions.)							Illness Related	Illnesses With Lost Workdays				Illnesses Without Lost Workdays
DATE	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Enter a CHECK if no entry was made in columns 1 or 2, but the injury is recordable as defined above. (6)	Occupational skin disorders or disorders of the lungs	Respiratory conditions due to toxic agents	Respiratory conditions due to irritants (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death. (8) Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Enter a CHECK if no entry was made in columns 8 or 9. (13)	
	(2)	(3)	(4)	(5)	(6)	(7)	(7)	(7)	(7)	(7)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
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U.S. Department of Labor

For Calendar Year 19 79

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Form Approved
O.M.B. No. 44R 1453

Company Name BK/Reed, Inc. - Pompano

Establishment Name Reed, Inc. - Pompano

Establishment Address 6501 S.W. 10th Avenue, Suite 200, Pompano Beach, Florida 33061

Extent of and Outcome of INJURY

Type, Extent of, and Outcome of ILLNESS

Fatalities		Nonfatal Injuries					Type of Illness							Fatalities		Nonfatal Illnesses				
Injury-Related		Injuries With Lost Workdays					CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness-Related		Illnesses With Lost Workdays				
Enter DATE of death. Mo./day/yr.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 4 or 5, but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death. Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.		
(1)	(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)		
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			✓ 4		✓															
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			9	74																
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Certification of Annual Summary Totals By _____

Title _____

Date _____

OSHA No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

For Calendar Year 19 79

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Employer Name <u>Exo/Research Tool Company</u> Street Address <u>Exo/Research Tool Company</u> City and State <u>6501 Elmington, Elmont, N.Y. 11431</u>	Form Approved O.M.B. No. 44R 1453
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Nonfatal Injuries						Type of Illness							Fatalities	Nonfatal Illnesses					
Injuries With Lost Workdays						Injuries Without Lost Workdays	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related Enter DATE of death. Mo./day/yr.	Illnesses With Lost Workdays				Illnesses Without Lost Workdays Enter a CHECK if no entry was made in columns 8 or 9.
DATE	Enter a CHECK if injury involves days away from work, or days of restricted work activity.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter a CHECK if illness involves days away from work, or days of restricted work activity or both.		Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.		
(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(7g)	(8)	(9)	(10)	(11)	(12)	(13)	
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		9	130		5														

U.S. Department of Labor

For Calendar Year 19 79

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Name <u>BKOR Corp. - [illegible]</u> Address <u>2501 [illegible] Houston, Texas 77001</u> Outcome of INJURY <u>[illegible]</u>	Form Approved O.M.B. No. 44R 1453
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Nonfatal Injuries					Type of Illness							Fatalities	Nonfatal Illnesses					
Injuries With Lost Workdays					CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays					Illnesses Without Lost Workdays
Enter a CHECK if injury involves days away from work, or days of restricted work activity.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if entry was made in column 2 but the injury is not reportable as defined in 29 CFR 1904.37.	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational diseases	Enter DATE of death. Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.	
(1)	(2)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)	
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RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). *(See definitions on the other side of form.)*

Company Name	
Establishment Name	
Establishment Address	

Cause or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome of Injury
(A)	(B)	(C)	(D)	(E)	(F)	(G)
Enter a nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo./day.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body.	Enter DATE of death Mo./day/yr. Enter a CHECK if injury involves days away from work, or days of restricted work activity, or death Injury Related Fatalities Nonfatal Injuries
					PREVIOUS PAGE TOTALS →	

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